

COMMERCIAL BUSINESS LICENSE APPLICATION

Send all completed and properly signed forms (including attachments as necessary) along with applicable licensing fees to:
West Valley City Business Licensing, 3600 S. Constitution Blvd., West Valley City UT 84119 (TELEPHONE: 963-3290)

| Section 1: Business Information | | |
|--|--|--|
| Business Name: | | Parcel #: |
| Location of Business: | | Apt/Suite No. |
| City: | State: | Zip Code: |
| Business Telephone: | | Business Fax: |
| Business Contact Person: | | Contact Person Birth Date: |
| Home Address: | | Direct Telephone #: |
| www: | | Email: |
| Property Owner Name: | | Telephone #: |
| Section 2: Owner Information | | |
| Business Owner(s): (use additional sheet if necessary) | | |
| Owner Physical Address: | | Apt. No. |
| City: | State: | Zip Code: |
| Owner Birth Date: | Social Security Number: | |
| Home Telephone: | | Phone (Other): |
| Drivers License No.**: | | State: |
| Section 3: Business Mailing Address (This is the address where all license and renewal forms will be sent) | | |
| <input type="checkbox"/> Same as Section 1 | <input type="checkbox"/> Same as Section 2 | <input type="checkbox"/> Send all correspondence to: |
| | | |
| | | |
| Type of Organization: (include copies of the first page of filed Articles of Incorporation or Organization, if applicable) | | |
| <input type="checkbox"/> Corporation; <input type="checkbox"/> S-Corp; <input type="checkbox"/> LLC; <input type="checkbox"/> LP; <input type="checkbox"/> Partnership; <input type="checkbox"/> Sole Proprietor; <input type="checkbox"/> Other | | |
| DBA #: | | State License # (if applicable): |
| State Tax #: | | Federal Tax #: |
| Projected Opening Date for Business: | | |
| Detailed Description of Business: | | |
| | | |
| <input type="checkbox"/> Business will use an electronic status verification system to verify the federal legal working status of all new employees. | | |
| <p>This form is an application for a business license; the actual license will be issued only when all inspections have been approved. All information must be completed or the issuance of a license will be delayed. It is a Class "B" Misdemeanor to own or operate a business in West Valley City without a current business license. I/We hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and swear under penalty of law that the information contained herein is true.</p> | | |
| Signed by: | | (Owner/Officer) |
| Date: | Title: | |

**** ATTACH A COPY OF PHOTO IDENTIFICATION ****

WEST VALLEY CITY BUSINESS LICENSING

3600 Constitution Blvd. West Valley City UT 84119

PHONE: 801 963-3290 Fax: 801 963-3541

www.wvc-ut.gov/business

CALCULATION OF FEES FOR BUSINESS LICENSES:

1. **Base Fee** apply to all businesses (10-32101) \$110 +
(Landlords with less than 3 rental units are exempt from base fee, but Disproportionate Fees per unit will apply)
2. **Disproportionate Fees & Special Regulatory Fees** (see Fee Schedule below): +
(10-32131)
3. **Inspection Fee:** *Only required on new or relocated businesses* \$50.00 +
(Residential Rental Dwellings Exempt) (BLDG/FIRE: 10-32140) (PLAN/ZONE: 10-34309)
4. **Employees:** (applies to all businesses) \$10.00 x each employee = +
(For example: # of employees leased or on payroll, # of employees working at, out of, or dispatched from the licensed location.) (10-32101)
5. **Vehicle Parking Stickers** \$0.50 x no. of stickers required = +
(for delivery vehicles only; one vehicle per home occupation business) (10-32101)
6. **Alcohol License Fee** (each alcohol license is \$500) (10-32102) +
7. **Late Fee (total all fees above and multiply by .5 or .75 or 1.0 depending on penalty** +
(10-32103)
- TOTAL DUE – Please make checks payable to West Valley City:** =

BUSINESS LICENSE FEE SCHEDULE

| Business Description | Regulatory Fee | + Disproportionate Fee |
|--|----------------|--|
| Alcoholic Beverage Licensed Businesses (except restaurants)* | \$500 | \$1000 |
| Alcoholic Beverage Licensed Restaurant | \$500* | - |
| Banks and Credit Unions | | \$500 |
| Department Stores & Shopping Mall Management Offices | | \$1000 |
| Drive-In Motion Picture Theaters | | \$1000 |
| Home Improvement Center | | \$1000 |
| Hotels and Motels | | \$1500 |
| Mobile Home Parks | | \$31 x <u> </u> # of pads = \$ <u> </u> |
| Rental Dwelling Units (single family, duplex, tri-plex, multi-family) | | \$94 x <u> </u> # of units = \$ <u> </u> |
| Member of the Good Landlord Program REQUIRES CURRENT CERTIFICATION AND CONTRACT (Contact U.A.A. 801-487-5619) (single family, duplex, tri-plex, multi family) | | \$20 x <u> </u> # of units = \$ <u> </u> |
| Pawnshops Includes buying and selling precious metals. New jewelry dealers exempt | \$500 | \$1200 |
| Racetrack | | \$1000 |
| Salvage Yards | \$1000 | \$100 |

*PER ALCOHOL LICENSE



West Valley City, Business Licensing Department
3600 South Constitution Blvd.
West Valley City, UT 84119

Telephone: (801) 963-3290; Fax: (801) 963-3541

IMPORTANT NOTICE

WEST VALLEY CITY BUSINESS LICENSE DEPARTMENT

Please be aware that you are NOT authorized to operate your business until you have received your business license from the **Business License Department**. State and local statutes require that several agencies inspect your establishment concerning health and safety issues. The inspectors are authorized to inspect for their department/division only; approval of any one inspector does not constitute approval of your business license.

Your license will be issued to you by the Business License Department only upon completion and compliance with the entire process.

Should you choose to operate your business prior to the issuance of a West Valley City Business License, you will be operating in direct violation of the Business License Ordinance and subject to DOUBLE LICENSE FEES, back fees and/or any other civil or criminal penalties as prescribed by law.

If you have any questions or need assistance, please call 963-3290, or come to the West Valley City Business License Department, West Valley City Center, 3600 South Constitution Blvd. (2700 West), West Valley City, UT 84119.

I HAVE READ AND UNDERSTAND THE ABOVE.

Signature of Applicant

Date

Business Name



DISCHARGE QUESTIONNAIRE

New Business Form ☐ Renewal Form ☐

Section 1

Name of Business _____
Property Address (street, city, zip) _____
Mailing Address (street, city, zip) _____
Contact Person (name) _____
Contact Person (title) _____ Phone # _____
Facility is: Owned ☐ Leased ☐ Home Business ☐ Other _____
Brief description of business, products produced, services provided, etc. _____

Section 2

If no process waste water used go to section 3

Average Number of Employees: Day _____ Afternoon _____ Night _____ Total _____

Check Types of Wastewater Discharges

Sanitary wastes (rest rooms) ☐ Non-contact Cooling Water ☐ Contact Cooling Water ☐

Equipment Wash down ☐ Boiler Blow down ☐

Process Wastes (List Types) _____

Other discharges _____

List Expected Daily Water Use Gallons Per Day (GPD) _____

Are any of your process discharges regulated by Federal Categorical Discharge Standards? Yes ☐ No ☐

If yes, list Standards: Code of Federal Regulations (CFR) _____

Will any chemicals be used or stored on site? Yes ☐ No ☐

If yes, list chemicals that will be on site in quantities of 55 gallons or more on the back of this form.

Will any hazardous waste be generated at this facility? Yes ☐ No ☐

If yes, list types on the back of this form.

Any Questions please call Central Valley Water Reclamation Facility Industrial Pretreatment Department (801) 973-9100

Section 3

I have personally examined and am familiar with the information submitted in this report and any attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature _____ Date _____

(FOR CENTRAL VALLEY USE ONLY)

Classification _____ Grease, Oil, or Sand Interceptor Required Yes ☐ No ☐

Reviewed by (MEC) _____ Date _____

Reviewed by (CV) _____ Date _____

CHEMICALS USED

| CHEMICAL NAME | AMOUNT STORED | AMOUNT USED |
|---------------|---------------|-------------|
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| | | |
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| | | |

HAZARDOUS WASTES

| NAME | EXPECTED MONTHLY GENERATION QUANTITY | DISPOSAL METHOD |
|------|---|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |